

PART B - FEE(S) TRANSMITTAL

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47842 7590 09/28/2007

THE MILLER LAW OFFICES, PLC
801 BRICKELL AVE
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MIAMI, FL 33131

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Steven J. Miller, Esq. (Depositor's name)
Steven J. Miller (Signature)
October 3, 2007 (Date)

10/04/2007 FHETEK12 00000055 10790571

01 FC:2501 720.00 00
02 FC:1504 APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO.
10790,571 03/01/2004 Philip Corbin III FLUX 2004-1 9864

TITLE OF INVENTION: APPARATUS FOR TRANSFERRING TORQUE MAGNETICALLY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	12/28/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS	Adjustment date: 10/05/2007 FHETEK12 10/04/2007 FHETEK12 00000055 10790571 01 FC:2501 720.00 00			
LE, DANG D	2834	310-103000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page: List 304

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 The Miller Law Offices, PLC
2 Steven J. Miller, Esq.
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Flux Drive, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

14209 29th Street East, Suite 105
Summer, WA 98390

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(b)(2).

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Authorized Signature *Steven J. Miller*

Date October 3, 2007

Typed or printed name Steven J. Miller

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FAX MESSAGE TO 571-273-2885TO: MAIL STOP ISSUE FEE - COMMISSIONER FOR PATENTSDATE: OCTOBER 3, 2007TIME: 8:00 PM EDT

FROM: S.J. MILLER, ESQ.

TOTAL NUMBER OF PAGES (INCLUDING COVER SHEET): 5

RE: APPLICATION NO. 10/790,571

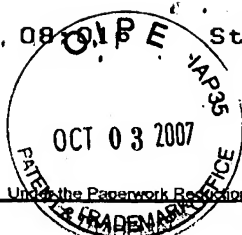
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ATTACHED IS FEE TRANSMITTAL (PTOL-85),
TRANSMITTAL FORM (PTO/SB/21)
CREDIT CARD PAYMENT FORM (PTO-2038) AND
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FOR ISSUANCE AND PUBLICATION OF THE
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THANK YOU,Steven J. MillerREG.# 48368

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PTO/SB/21 (10-07)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/790,571
	Filing Date	March 1, 2004
	First Named Inventor	Philip Corbin III
	Art Unit	2834
	Examiner Name	Dang Le
Total Number of Pages in This Submission	Attorney Docket Number	Flux 2004-1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (PTOL-85) <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card payment Form PTO-2038; Certificate of Transmission PTO/SB/97.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	The Miller Law Offices, PLC	
Signature		
Printed name	Steven J. Miller, Esq.	
Date	October 3, 2007	Reg. No. 48358

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Typed or printed name	Steven J. Miller, Esq.	Date October 3, 2007

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